

STATE OF ARIZONA

NOMINATION PAPER AFFIDAVIT OF QUALIFICATION CAMPAIGN FINANCE LAWS STATEMENT [A.R.S. §§ 16-311, 16-905(I)(5)]

SECRETARY OF STATE

2016 MAY 31 PM 4: 29

FOR OFFICE USE ONLY

You are hereby notified that I, the undersigned, a qualified elector, am a candidate for the office of
touse of Kerresentative LD-13 subject to the
action of theParty, at the Primary Election to
be held on Hugust 30,2016, and at the General Election to be held
I will have been a citizen of the United States for 35 years next preceding my election and will
have been a citizen of Arizona for years next preceding my election and will meet the age
requirement for the office I seek and have resided in Mari Comcounty for Tyears and in
precinct Jandance (Dest for 7 years before my election.
I do solemnly swear (or affirm) that at the time of filing, I am a resident of the county, district or
precinct which I propose to represent, I have no final, outstanding judgments against me of more than an
aggregate of \$1,000 that arose from failure to comply with or enforcement of ARS Title 16, Chapter 6, and as
to all other qualifications, I will be qualified at the time of election to hold the office that I seek, having fulfilled
the constitutional and statutory requirements for holding said office.
23245 W. Goodah St. Brickeyo 85321
Actual residence address or description of place of residence (city or town) (zip)
Post office address (city or town) (zip)
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Post office address (city or town) (zip) Print or type your name on the following line in the exact manner you
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Post office address (city or town) (zip) Print or type your name on the following line in the exact manner you wish it to appear on the ballot. A.R.S. § 16-311(G).
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Post office address (city or town) (zip) Print or type your name on the following line in the exact manner you wish it to appear on the ballot. A.R.S. § 16-311(G). LAST NAME FIRST NAME CANDIDATE SIGNATURE Subscribed and sworn to (or affirmed) before me this
Post office address (city or town) (zip) Print or type your name on the following line in the exact manner you wish it to appear on the ballot. A.R.S. § 16-311(G). LAST NAME FIRST NAME CANDIDATE SIGNATURE County of MALY SAK.MCKINLEY Nation Public - State of Automs ALYSSA K.MCKINLEY
Post office address (city or town) (zip) Print or type your name on the following line in the exact manner you wish it to appear on the ballot. A.R.S. § 16-311(G). LAST NAME FIRST NAME State of CANDIDATE SIGNATURE County of Man (your address) ALYSSA K.MCKINLEY Hotary Public State of Artzone HARCOPA COUNTY MAN COMPRISION EXTRESS ALYSSA K.MCKINLEY HOTARY Public State of Artzone HARCOPA COUNTY MAN COMPRISION EXTRESS
Post office address (city or town) (zip) Print or type your name on the following line in the exact manner you wish it to appear on the ballot. A.R.S. § 16-311(G). LAST NAME FIRST NAME State of Candidate Signature Candidate Signature Candidate Signature ALYSSA K.MCKINLEY Netrany Public State of Atzone MARCOPA COUNTY

I have read all applicable laws relating to campaign financing and reporting.

CANDIDATE SIGNATURE